

Illinois Veteran of the Month Nomination Form

Please read the **Nomination Guidelines** prior to completing this form. Please attach the **Veteran's DD214** as well as a written summary of the nominee's achievements following the guidelines.

Nominee _____ Telephone _____

Home Address _____

Date & Place of Birth _____

Year & Location of Illinois Residency _____

Nominator's Name _____

Address _____

Telephone _____

Signature of Nominator (required) _____ Date _____

I have read the nomination guidelines and attest that the above information is accurate and true.
If selected as a "Veteran of the Month" I agree to attend a public appearance with the Illinois Department of Veterans' Affairs.

Signature of Nominee (required)

Date

SEND COMPLETED FORM TO:

Illinois Dept. of Veterans' Affairs
Attn: Veteran of the Month
100 West Randolph, Suite 5-570
Chicago, IL 60601
Fax Number: (312) 814-2864